

Political Organization  
Notice of Section 527 Status

OMB No. 1545-1693

**Part I** General Information

1 Name of organization <b>Kissell 2000</b>		Employer identification number <b>91-2068443</b>
2 Mailing address (P.O. Box or number, street, and room or suite number) <b>87-108 KULAPA PL</b>		
City or town, state, and ZIP code <b>WAIANAE HI 96792</b>		
3 E-mail address of organization		
4a Name of custodian of records <b>Denton Kissell</b>	4b Custodian's address <b>87-108 KULAPA PL</b> <b>WAIANAE HI 96792</b>	
5a Name of contact person <b>Denton Kissell</b>	5b Contact person's address <b>SAME AS ABOVE</b>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number		
City or town, state, and ZIP code		

**Part II** Purpose

7 Describe the purpose of the organization

**Raise Contributions for elected office (state house)**

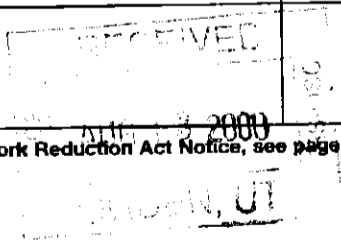
**Part III** List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address

For Paperwork Reduction Act Notice, see page 4.

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**Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)**

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

Signature of authorized official

Date \_\_\_\_\_



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